

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Banking and Financial Institutions**



**RE: District of Columbia Money Transmitter License**

Dear Prospective Applicant:

Thank you for your inquiry regarding the District of Columbia Money Transmitter Law, D.C. Law 13-140; D.C. Official Code §26-1001 et seq. The law states that no person shall engage in the business of money transmission in the District of Columbia without first obtaining a license from the Commissioner of the Department of Banking and Financial Institutions. A copy of the law is enclosed for your review.

In order to engage in money transmission in the District of Columbia, your business is required to file an application with and receive approval from the Department of Banking and Financial Institutions. The application and instructions for completing the license application are included with this letter.

If you have any questions regarding the application materials, the law, the licensing process, or any other matter related to money transmission in the District of Columbia, please do not hesitate to contact our office at (202) 727-1563.

We look forward to working together with you to implement this licensing law. The Department of Banking and Financial Institutions, on behalf of Mayor Anthony Williams, welcomes your business to the District of Columbia.

Sincerely,

A handwritten signature in dark ink, reading "Albert L. Elder, III". The signature is written in a cursive, flowing style.

Albert L. Elder, III  
Interim Commissioner

Enclosures



GOVERNMENT OF DISTRICT OF COLUMBIA  
DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS  
Safety and Soundness Division  
1400 L Street, N.W., Suite 400  
Washington, DC 20005  
(202) 727-1563 Phone (202) 727-1290 Fax

**INSTRUCTIONS FOR A MONEY TRANSMITTER LICENSE**  
**D.C. CODE §26-1001 ET SEQ.**

**Definition:** A “Money Transmission” means the sale or issuance of payment instruments or engaging in the business of receiving money for transmission or transmitting money within the United States, or to locations abroad, by any means, including but not limited to payment instrument, wire, facsimile, or electronic transfer.

**License Qualifications: §26-1004:**

“ (a) Each licensee under this act shall at all times have a net worth of not less than \$100,000, calculated in accordance with generally accepted accounting principles. Licensees engaging in money transmission at more than one location or through authorized delegates shall have an additional net worth of \$50,000 per location or authorized delegate located in the District of Columbia, as applicable. The maximum net worth required for all locations shall not exceed \$500,000.

(b) Every corporate application, at the time filing of an application for a license under this act and at all times after a license is issued, shall be in good standing in the state of its incorporation. All non-corporate applicants shall, at the time of the filing of an application for a license under this act and at all times after a license is issued, be registered or qualified to do business in the District of Columbia.”

Please read and follow these instructions carefully. A complete and correct application will expedite the issuance of your license.

**Application/Processing Requirements:**

1. completed **Application for a Money Transmitter License** which includes the following attachments:

**Attachment A: Clean Hands Act Certification Form**

**Attachment B: Bond form** or security device as specified in Section 8 of the D.C. Money Transmitter Act: “Each application must be accompanied by a surety bond, irrevocable letter of credit, or such other similar security device acceptable to the Commissioner in the amount of \$50,000. If the applicant proposes to engage in business at more than one location, through authorized delegates or otherwise, then the amount of the security device will be increased by \$10,000 per location. The maximum amount of the security device required for all locations shall not exceed \$250,000....”

**Attachment C:** **Biographical Form and Authority for Release of Information** for each of the Applicant's principals, executive officers, key stockholders, or any persons who will be in charge of Applicant's money transmission business  
**Attachment D:** **Authority for Release of Information** executed by the Applicant  
**Attachment E:** **Certified Resident Agency Appointment Form** is required for any applicant who is a non-resident of the District of Columbia

2. each Limited Liability Company or Limited Partnership doing business in the District of Columbia must submit a ***Certificate of Good Standing*** from the District of Columbia. For additional information, please call the Department of Consumer and Regulatory Affairs, Corporation Division at (202) 442-4400 or visit the One Stop Business Center located at 941 North Capitol Street, NE, Washington, DC 20002 on the 1<sup>st</sup> Floor, Room 1100.
3. a current copy of ***company credit report***
4. a ***Tax Registration Certificate*** is required from the Office of Tax and Revenue. For additional information, please call (202) 727-4829 or visit the Tax Customer Center at 941 North Capitol Street, N.E. on the 1st floor, Room #1110.
5. complete name and address of each proposed authorized delegate and each of Applicant's locations in the District of Columbia from which it proposes to conduct money transmission sales
6. a sample of your authorized delegate contract
7. a sample form of payment instrument
8. a history of operations, description of activities conducted and description of the business activities in which Applicant seeks to be engaged in the District of Columbia
9. the name and address of the clearing bank or banks on which the Applicant's payment instruments will be drawn or through which such payment instruments will be payable
10. check made payable to the **DC Treasurer** for the appropriate amount which is a non-refundable application fee in the amount of \$500, plus \$25 for each location in the District of Columbia. The maximum amount of application fees required for all locations shall not exceed \$2,500. The application fee shall also constitute the license fee for the applicant's first year of activities if the license is granted.

**The application, check, and associated paperwork may be mailed or hand delivered to:**

**Department of Banking and Financial Institutions**  
**Safety and Soundness – Non-Depository Division**  
**1400 L Street, NW, Suite 400**  
**Washington, DC 20005**  
**Phone: (202) 727-1563**  
**Fax: (202) 727-1290**

*All documents filed, with the exception of personal financial report and biographical information forms, become part of the public record unless the applicant makes a written request for confidential treatment of a particular document or information. Final determination as to the*

*confidentiality of such information rests with the Commissioner of the Department of Banking and Financial Institutions.*

*The Department of Banking and Financial Institutions will review the application and accompanying materials for completeness upon receipt. Investigation of the application may be delayed if the application is incomplete. Thus, full and complete answers should be given at the outset of the application process. Inquiries concerning the licensing, preparation, and/or filing of this application should be directed to the above address.*

**NOTE: TO REPORT WASTE, FRAUD OR ABUSE BY ANY GOVERNMENT OFFICE OR OFFICIAL,  
PLEASE CALL THE INSPECTOR GENERAL AT 1-800-521-1639.**



## APPLICATION FOR A MONEY TRANSMITTER LICENSE

D.C.Official Code §26-1001 et seq.

**Answer All Questions. If not applicable, indicate with an N/A.**

### ***PART ONE – TO BE COMPLETED BY ALL APPLICANTS***

1. Applicant name: \_\_\_\_\_
2. Fictitious or trade name: \_\_\_\_\_
3. Applicant's Federal Employer Identification Number: \_\_\_\_\_
4. Applicant's principal business office:  
Street Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_
5. Name and address of principal contact person: *(license will be sent to this person)*  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_
6. Address at which Applicant keeps its books and records *(if different from answer to Question 4)*.  
Street Address: \_\_\_\_\_  
City and State: \_\_\_\_\_

7. Applicant is a(n): (Check appropriate classification)
- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Partnership             |
| <input type="checkbox"/> Association | <input type="checkbox"/> Joint Stock Association |
| <input type="checkbox"/> Corporation |  |
8. Type of money transmission activity to be conducted (mark all that apply):
- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Checks       | <input type="checkbox"/> Travelers Checks       |
| <input type="checkbox"/> Drafts       | <input type="checkbox"/> Wire Transfers         |
| <input type="checkbox"/> Money Orders | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Stored Value |   |
9. Money transmission sales are conducted through (marked all that apply):
- |  |
|--|
| <input type="checkbox"/> Company Owned Outlets             |
| <input type="checkbox"/> Independent Authorized Delegates  |
| <input type="checkbox"/> Subsidiaries or Affiliate; and/or |
| <input type="checkbox"/> Other (explain): _____            |
10. Submit the following:
- (a) Complete name and address of each proposed authorized delegate and each of Applicant's locations in the District of Columbia from which it proposes to conduct money transmission sales
  - (b) A sample authorized delegate contract
  - (c) A sample form of payment instrument
  - (d) A history of operations, description of activities conducted and description of the business activities in which Applicant seeks to be engaged in the District of Columbia
  - (e) The name and address of the clearing bank or banks on which the Applicant's payment instruments will be drawn or through which such payment instruments will be payable
  - (f) ***Bond form*** (attached) or security device as specified in Section 8 of the D.C. Money Transmitter Act: "Each application must be accompanied by a surety

bond, irrevocable letter of credit, or such other similar security device acceptable to the Commissioner in the amount of \$50,000. If the applicant proposes to engage in business at more than one location, through authorized delegates or otherwise, then the amount of the security device will be increased by \$10,000 per location. The maximum amount of the security device required for all locations shall not exceed \$250,000....”

- (g) Has Applicant been involved in any material litigation and/or convicted of a crime during the five (5) year period prior to this application? (Material litigation means litigation that, according to generally accepted accounting principles, is deemed significant to any licensee’s financial health and would be required to be referenced in its annual audited financial statements, reports to shareholders or similar documents.) ☐ Yes ☐ No

If yes, provide a detailed history on a separate sheet.

- (h) A completed ***Biographical Form and Authority for Release of Information*** (attached) for each of the Applicant’s principals, executive officers, key stockholders, or any persons who will be in charge of Applicant’s money transmission business
- (i) ***Authority for Release of Information (Applicant)*** (attached) executed by the Applicant

***PART TWO – TO BE COMPLETED BY CORPORATE APPLICANTS***

1. Date of incorporation: \_\_\_\_\_
2. State of incorporation: \_\_\_\_\_  
*Submit a certificate of good standing from Applicant’s state of incorporation.*
3. Is Applicant publicly traded? ☐ Yes ☐ No
4. Provide a description of the corporate structure of Applicant (include the identity of any parent or subsidiary, and indicate whether any parent or subsidiary is publicly traded).

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5. For each of Applicants, executive officers, key shareholders, and officers or managers who will be in charge of Applicant's money transmission activities, provide the following:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_



6. A copy of Applicant's most recent audited financial statement and, if available, audited financial statements for the prior two (2) years. (Audited financials should include balance sheet, statement of income or loss, statement of charges in shareholder equity and statement changes in financial position.)

If Applicant is a wholly-owned subsidiary of another corporation, Applicant may submit either the parent's consolidated audited financial statements for the current year and prior two (2) years, or the parent's Form 10K reports filed with the United States Securities and Exchange Commission for the prior three (3) years in lieu of the financial statements.

7. Copies of all filings made by Applicant with the United States Securities and Exchange Commission, or a similar regulator outside the U.S., within the year preceding the date of this application.

***PART THREE – TO BE COMPLETED BY NON-CORPORATE APPLICANTS***

1. For each of Applicant's principals and any other persons who will be in charge of Applicant's money transmission business, provide:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

2. Submit a copy of Applicant's registration or qualification to do business in the District of Columbia.
3. For each of Applicant's principals, submit a ***Personal Financial Statement*** (attached).
4. Submit a copy of Applicant's audited financial statements (including balance sheet, statement of income or loss, and statement of changes in financial position) for the current year and, if available, the two (2) prior years.

### **CERTIFICATION**

Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this APPLICATION FOR MONEY TRANSMITTER LICENSE are true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the APPLICATION.

\_\_\_\_\_  
(Name of Applicant)

By: \_\_\_\_\_

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 2000, before me, a Notary Public, appeared \_\_\_\_\_, known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth are true to the best of his/her/their knowledge and belief.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS

**MONEY TRANSMITTER LICENSE BOND FORM**

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_,  
Corporate or Company Name

\_\_\_\_\_  
Street Address City/State

and, \_\_\_\_\_

as surety, are held and firmly bound unto the Commissioner of the Department of Banking & Financial Institutions, for the use of the District and of any person or persons who may have a cause of action against the obligors of this instrument, under the provisions of the Money Transmitter Act, in the sum of \_\_\_\_\_ for the payment of which well and truly to be made, we find ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Witness our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_\_\_\_

The condition of the above obligation is such that the above \_\_\_\_\_

\_\_\_\_\_  
Corporate or Company Name

has applied for a license to transact the business of selling or issuing payment instruments or transmitting money within the United States or to locations abroad, in accordance with the provisions of the Money Transmitter Act.

Now, if the said \_\_\_\_\_  
Corporate or Company Name

shall, upon issuance of said license as aforesaid, faithfully conform to and abide by each and every provision of said Act and of all rules, regulations and directions lawfully made by the Commissioner of the Department of Banking & Financial Institutions thereunder, and will pay to the District and to any person or persons any and all moneys that may become due and owing to the District and to such person or persons from said obligors, under and by virtue of the provisions of said Act, then this obligation to be void; otherwise to remain in full force and effect.

\_\_\_\_\_(Seal)  
Corporate or Company Name

By \_\_\_\_\_(Seal)  
President, Owner or Partner

(SEAL) By \_\_\_\_\_(Seal)

\_\_\_\_\_(Seal)  
Surety or Bonding Company



**DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS**  
**BIOGRAPHICAL FORM**  
**(PRINCIPALS, OFFICERS, KEY SHAREHOLDERS)**

(Last)	(First)	(Middle Name)	(Maiden)	(Nickname)
(Residence Number and Street)		(City)	(State)	(Zip Code)
(Business Number and Street)		(City)	(State)	(Zip Code)
Residence Telephone Number ( ) _____		Business Telephone Number ( ) _____		

**This biographical form is filed in connection with an application pending before the  
Department of Banking & Financial Institutions, pursuant to  
The D.C. Money Transmitter Act. The name of the Applicant**

**is** \_\_\_\_\_

**Section 1 – General Information**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ (If “No”, or naturalized citizen less than five years, complete Addendum (1) applicable to non-U.S. citizens. If naturalized, indicate date of naturalization and certificate number: \_\_\_\_\_/\_\_\_\_\_. )

Drivers License Number: _____	State of Issuance: _____
Social Security Number: _____	Spouse's Name: _____
Marital Status: _____	

**Section 2 – Residence**

(In reverse chronological order from age 18 or for the last five years, whichever is shorter.)

Number and Street	City, Town, Etc.	County	State	From: Mo./Yr.	To: Mo./Yr.

**Section 3 – Professional Licenses and Certificates**

Kind of License or Certificate	Licensing Authority	Date Issued Mo./Yr.	Time Devoted to Practice	
			Full-time	Part-time

Has your right to engage in any profession or business that requires licensing or approval of any kind ever been refused or revoked, or is any such action pending? \_\_\_\_\_. If yes, attach a full explanation.

#### Section 4 – Employment Record for Last Five Years

From	To	Name and Address of Employer	Type of Business	Title and Duties	Reason for Leaving

Have you ever been fired or asked to resign? \_\_\_\_\_. If yes, attach a full explanation.

#### Section 5 – Business Affiliations

(List all firms, companies, corporations, partnerships or other business organizations of which you are presently a director, officer, partner, owner or registered agent).

Name and Address	State of Incorporation	Type of Business	Position Held

#### Section 6 – Other Information

- A. Have you ever been arrested, charged and/or convicted of a criminal offense? \_\_\_\_\_. If yes, provide a copy of the complaint for all Pending cases and complete the following for all pending and prior cases.

Name and Address of Enforcement Authority	Court, Location and Case Number	Nature of the Charge	Date Filed	Status or Disposition

- B. Has any business or enterprise with which you have been associated as an officer, director, representative, agent, or shareholder of 10% or more of the outstanding stock ever been charged with any criminal violation? \_\_\_\_\_. During the last five (5) years, has any business or enterprise with which you are now or were at the time associated as an officer, director, representative, agent or holder of 10% or more of the outstanding stock been named as a DEFENDANT in any civil litigation? \_\_\_\_\_. If yes, to either of these questions, provide a copy of the complaint and complete the following for all such cases.

Business or Entity	Your Interest	Court and Case No.	Nature of the Charge	Date Filed	Status or Disposition

- C. Are you now or during the last five (5) years, have you been named as a DEFENDANT in any civil litigation? \_\_\_\_\_. If yes, provide a copy of the initial complaint and, if applicable, amended complaint(s) for all pending cases and complete the following for all pending and prior cases.

Name and Address of Court and Case Number	Nature of the Suit	Date Filed	Status or Disposition

- D. Have you or any business or enterprise with which you are currently or have been associated with as an officer, director, representative, Agent, or shareholder of 10% or more of the outstanding stock ever been the subject of an administrative complaint filed by any governmental Board, agency or arbitration board? \_\_\_\_\_. If yes, complete the following:

Name and Address of Agency or Board	Nature of the Charge	Date Filed	Status or Disposition

- E. Are you now, or have you or any business or enterprise with which you have been associated as an officer, director, representative, agent Or shareholder of 10% of more of the outstanding stock, ever been under investigation by any government agency or law enforcement entity? \_\_\_\_\_. If yes, complete the following:

Name and Address of Enforcement Authority	Nature of Investigation	Date you Became Aware of Investigation	Status or Disposition

- F. Have you or any business or enterprise with which you are currently or have been associated with as an officer, director, representative, agent, or shareholder of 10% of more of the outstanding stock ever been adjudged bankrupt or had to work out a compromise with creditors? \_\_\_\_\_. If yes, complete the following:

Title and Nature of Proceedings	Name and Address of Court and Case Number	Date Filed	Status or Disposition

- G. Have you ever had tax liens of any kind filed against you individually or against your business affiliates? \_\_\_\_\_. If yes, complete the following:

Place filed (Court/City/State)	Total Amount of Lien	Date Filed	Date of Satisfaction (If any)

### Section 7 – Statement

In assuming the position for which this for is being submitted, I am undertaking a commitment to be fully informed as to the affairs of the company with which I will be associated and to exercise my independent judgment with respect to any matters that may come before me.

### Certificate

I hereby certify that this form, including attached addenda, has been carefully examined by me and that the information is true, correct and complete to the best of my knowledge and belief. I agree and understand that any false or misleading statements or omissions of material fact herein may be cause for the Commissioner to deny my participation in the application for which this report is submitted.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS

**AUTHORITY FOR RELEASE OF INFORMATION**

**(PRINCIPALS, OFFICERS, KEY SHAREHOLDERS)**

Full Name of Applicant (Print or Type) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Race \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This release constitutes my consent and authority for the D.C. Department of Banking and Financial Institutions to examine and obtain copies of records, statements, credit ratings and information regarding my background.

I hereby authorize the release of records to the D.C. Department of Banking and Financial Institutions pertaining to the following:

- Employment Information
- Credit Information
- Police and Criminal Records

This authorization is given in connection with my application for a Money Transmitter license under D.C. Money Transmitter Act.

Date \_\_\_\_\_ Signature \_\_\_\_\_



**DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS**  
**AUTHORITY FOR RELEASE OF INFORMATION (APPLICANT)**

NAME OF APPLICANT \_\_\_\_\_

Dbas \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

This constitutes my consent and authority for the D.C. Department of Banking & Financial Institutions to obtain and examine copies of records, statements, credit ratings and other information regarding the financial affairs of the above named firm relating to the business of selling or issuing checks, drafts, money orders, or transmitting money under the provisions of the D.C. Money Transmitter Act from the following:

Financial Institution:

Type of Account (list account numbers):

Name \_\_\_\_\_

Clearing Account \_\_\_\_\_

Address \_\_\_\_\_

Checking Account \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Savings Account \_\_\_\_\_

Contact Person \_\_\_\_\_

Certificate of Deposit \_\_\_\_\_

Phone/Extension \_\_\_\_\_

Business Account \_\_\_\_\_

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public





DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS

**PERSONAL FINANCIAL STATEMENT**

NAME: \_\_\_\_\_  
(Non-corporate Applicants only)

ADDRESS: \_\_\_\_\_

To: THE DISTRICT OF COLUMBIA DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS

The undersigned make(s) the following statement of all (my) (our)(its) assets and liabilities at the close of business of the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

PLEASE ANSWER ALL QUESTIONS USING “NO” or “NONE” WHERE NECESSARY.

ASSETS		LIABILITIES & NET WORTH	
Cash on Hand & in Banks (Sch 1)		Notes Payable Banks (Sch1)	
Premium Finance Agreements		Notes Payable others (Sch 4)	
Premium Finance Agree. –Pledged		Due to Principals (Sch 4)	
Notes receivable		Notes Rec. Discounted (Contra)	
Notes Rec., ducted (Contra)		Accounts Payable	
Accts & Loans Receivable		Accrued Expenses Payable	
Cash		Accrued Expenses Payable	
Securities (Sch 2)		Accrued Interest Payable	
Due from Part, Stockholders, Off, Empl.		Brokers margin Account Pay	
Inv. & Adv. –Affil. Or Subsid. Co.		Mortgages payable (Sch3)	
Mortgages Owned		Unearned Income	
Real Estate (Sch 3)		Valuation Reserve – Bad Debts	
Furn, Fix, Equip (Net of Depreciation)		Valuation Reserve – Contingencies	

Other Assets (Itemize)		Other Liabilities (Itemize)	
		Preferred Stock	
		Common Stock	
		Common Stock	
		Surplus	
		Net Worth (Individual or Partnership)	
Total Assets		Total Liabilities and Net Worth	

## SUPPLEMENTARY SCHEDULES

### Sch. 1. Banking Relations (A list of all bank accounts, including savings)

Name and Location of Bank	Balance	Loans, if any	Endorsed, Guaranteed or Secured

### Sch. 2. Securities Owned (Stocks, Bonds, etc. but not mortgages)

Par Val. Or Shs.	Description	Cost	Pres. Mkt. Val.	To Whom Pledged

**Sch. 3. Real Estate Owned – Mortgage Payable**

Location & Description	Cost	Asses. Val.	Est. Val.	Mortgage Balance	Maturity

**Sch. 4. Notes Payable – Due to Principals (Partners, Stockholders, Officers and Others)**

Due To	Amount	Due Date	Due To	Amount	Due Date

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**CONTINGENT LIABILITY.** The undersigned has (have) no contingent liabilities as endorser, guarantor, or otherwise, except the following: (Give details.)

**SUITS, JUDGMENTS AND OTHER LEGAL ACTIONS.** There are outstanding or pending against the undersigned no suits, judgments, or other legal actions and to the best of the undersigned's knowledge no legal actions and to the best of the undersigned's knowledge no legal actions are to be started against the undersigned, except as follows: (Give details.)

**PLEDGE ASSIGNMENT, AND TRANSFER OF TITLE OR ASSETS.** As of the date of the statement of assets and liabilities, included in this financial statement, the undersigned has (have) not pledged, assigned, hypothecated, or transferred the title of any of the assets as listed above, except as noted in the various schedules of this financial statement; and the undersigned has (have) not pledged, assigned, hypothecated, or transferred the title of any such assets, except as follows: (Give details.)

**INSURANCE COVERAGE.** – Fidelity Bond: Partners, Officers, Employees \$ \_\_\_\_\_;  
Indemnity Coverage: Robbery & Holdup \$ \_\_\_\_\_; Burglary \$ \_\_\_\_\_;  
Misplacement \$ \_\_\_\_\_; Forgery \$ \_\_\_\_\_; Errors & Omissions \$ \_\_\_\_\_;  
Public Liability \$ \_\_\_\_\_; Fire Insurance: Furn., Fix., & Equip. \$ \_\_\_\_\_;  
Other Insurance (describe): \_\_\_\_\_

**ACCOUNTING DATA.** – If books are kept or audited please give name of accountant \_\_\_\_\_;  
\_\_\_\_\_; Indicate is Certified Public Accountant \_\_\_\_\_;  
Frequency of Audits \_\_\_\_\_; Date of Last Audit \_\_\_\_\_; Date of Fiscal Year-End \_\_\_\_\_; Did the  
accountant prepare the financial statement submitted herewith \_\_\_\_\_; Are the figures shown the same as the  
auditor's figures \_\_\_\_\_;  
If not, how do the figures differ (give details): \_\_\_\_\_

The undersigned has carefully read the foregoing statements, and all printed and written matter therein, and hereby certifies that all the statements are known to me to be true and give a correct showing of he undersigned's financial conditions, and that the undersigned has no liabilities, direct, or contingent, business or accommodation, except as set forth in said complete statement, and that the legal and equitable title to all assets therein set forth is in the name of the undersigned solely, except as otherwise noted therein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

By \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**THIS FORM MAY BE REPRODUCED**



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS

***Clean Hands***  
***Before Receiving a License or Permit Act of 1996 Certification Form***  
*Sign and return this form with your Application*

Please read this form carefully and completely before signing. Any false information provided requires that the Department of Banking and Financial Institutions proceed immediately to revoke the license for which you are now applying, and fine you one thousand dollars (\$1,000). This *Certification Form* is required to be completed and submitted with any application for licensure under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code § 47-2861 et seq.).

I, \_\_\_\_\_, as \_\_\_\_\_  
(name) (owner/partner/corporate officer)  
certify that \_\_\_\_\_, trading as \_\_\_\_\_  
(business name) (trade name)  
\_\_\_\_\_ using business tax number \_\_\_\_\_, as of this date,  
(business address)

does not owe more than one hundred dollars (\$100) to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Act of 1995, effective March 25, 1986 (D.C. Law 6-100; D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly provide false information on this *Certification Form*, the Department of Banking and Financial Institutions will move to revoke the license for which I am applying and fine me one thousand dollars (\$1,000). I further understand that the Department of Banking and Financial Institutions may conduct an investigation to ascertain the veracity of the information contained in this *Certification Form*.

I understand that this *Certification Form* is now required as part of my application for a license, and that by completing it, I am not guaranteed that my license will be approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS  
Safety and Soundness Division**

**CERTIFIED RESIDENT AGENT APPOINTMENT FORM**

A non-resident of the District of Columbia who wishes to transact business in the District of Columbia shall appoint a resident agent or an attorney-in-fact who resides or who maintains an office in the District of Columbia, upon whom, all fiducial and other process or legal notice directed to the applicant may be served upon the appointed resident agent.

I, \_\_\_\_\_ hereby appoint  
(OWNER / PROPRIETOR)

\_\_\_\_\_  
(NAME) (ADDRESS)  
\_\_\_\_\_  
(TELEPHONE No.) as my resident agent for all fiducial and other

process or legal notice directed to the applicant shall be served.

I certify that the applicant and the applicant's principal officers are fit, willing and able to conduct the business of \_\_\_\_\_  
in the District of Columbia and promises to comply with all laws and regulations concerning the requested business type.

\_\_\_\_\_  
(RESIDENT AGENT)

\_\_\_\_\_  
(OWNER/PROPRIETOR)

The information above is subscribed and sworn to before me, a Notary Public,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

Notary Public: \_\_\_\_\_  
My Commission expires \_\_\_\_\_



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS**

**ADDENDUM (1) TO  
APPLICATION FOR MONEY TRANSMITTER LICENSE**

**NON-U.S. CITIZEN SUPPLEMENTAL INFORMATION**

If you are **NOT** a United States citizen, please provide the following:

1. Visa Type and Number: \_\_\_\_\_
2. Passport Type and Number: \_\_\_\_\_
3. National or Alien Identification Number(s): \_\_\_\_\_
4. Other Identification Number(s) (Please indicate the type of identification numbers listed): \_\_\_\_\_

If you are exempt from holding a visa, please explain why \_\_\_\_\_

5. Mother's maiden name: \_\_\_\_\_

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**Instructions:**

Any and all of the documents, which are presented in a language other than, the English language are to be translated into English and duly certified by the translator to be true and accurate. All of the certified copies and statements to be submitted with this application must be certified in accordance with the provisions of Section 26-551.11(e), District of Columbia Official Code, to be admissible in a court of law in the District of Columbia.

If you are unable to secure certified statements from the government of your country, a statement from the government attesting that it will not issue certificates or sworn statements must be submitted. However, if not available from the government, a certification from the United States Embassy Secretary or Consular Agent attesting that the government does not or will not issue certifications or sworn statements is required.

A United States Embassy Secretary or Consular Agent in the foreign country must certify each final copy and statement to be submitted with this application.